

COSTAR - Adoptions

106.0 UNIFORM ACCOUNTING SYSTEM (UAS) CODES

UAS	DESCRIPTION	LAST UPDATE
<u>508</u>	<u>Title IV-B – Adoption Assistance (State Funding Only)</u>	October 2015
<u>509</u>	<u>Title IV-E – Adoption Assistance (Federal and State Funding)</u>	October 2015
<u>510</u>	<u>Non-recurring Adoption Assistance (Federal and State Funding)</u>	October 2015
<u>512</u>	<u>Special Services Adoption Assistance</u>	October 2015
<u>515</u>	<u>ICPC Foster to Adopt/Adoptive Home Study and Out of State Adoption Home Studies</u>	October 2015
<u>581</u>	<u>Adoption Medically Fragile Respite Care (TANF Funding) - Deactivated</u>	May 2015

UAS CODE – 508**PROGRAM NAME – Title IV-B Adoption Assistance (State Funds Only)****REFERENCES:** **Child Welfare Policy Manual**

PROGRAM PURPOSE – Provides financial assistance for a child at the point of placement in the adoptive home, and continues after the finalization of the adoption. A direct money payment is made to the adoptive family in the form of a monthly supplement. State funded adoption assistance is provided for special needs children placed for adoption while in the permanent custody of DFCS, provided they meet all other eligibility requirements for adoption assistance and are **not eligible to receive** Title IV-E funds (UAS 509).

COSTAR REPORTING – The reported client is the child.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Prior to the use of funds, a child must be determined special needs by the Social Services Administration Unit (SSAU) and IV-B by the REV MAX Unit, and the AA Agreement must be signed. The child must be in the process of being adopted. Benefits are available through the end of the child's 18th birth month, unless the State determines that the adoptive parents are no longer legally responsible for support of the child or are no longer financially responsible for the child.

- **NOTE:** If AA Supplement payments continue for one year and the adoption is not finalized, then the case manager must staff the case with the Social Services Administration Unit to determine if the case should be converted back to Foster Care. Adoptions must be finalized prior to the adoptive child's 18th birthday.
- **NOTE:** For any payments made to the adoptive parent, accounting must have a completed IRS Form W-9 Request for Taxpayer Identification Number. IRS requires this form for all payments.

Termination of Adoption Assistance benefits will occur at the end of the child's 18th birth month unless the child meets the State of Georgia's criteria to continue benefits past age 18, **as determined by SSAU**. If the criteria and requirements are met, the child may receive Adoption Assistance **up to** age 21. All benefits paid after the age of 18 must be paid out of Title IV-B funds. **Once the termination of Adoption Assistance has occurred for a child over the age of 18, reinstatement may only occur at the discretion of SSAU.**

UAS CODE – 508 (cont.)**PAYMENT REQUIREMENTS:****Effective August 1, 2014, for accounting to establish the Adoption Payment Process, the following items are required:**

1. Signed and Completed Form 402, Adoption Assistance Agreement which must be launched through SHINES.
2. Form 403, Adoption Assistance Memorandum indicating approval of benefits, benefit amount, approval dates and funding type.
3. Authorization for Disbursement/Purchase Order Request (ADPOR) Form indicating the month and amount of the first monthly adoption assistance payment. For PAD cases, the Regional PAD Manager's signature is the only one that is required on the ADPOR. For ADO cases, both the County case manager and County approving authority must sign the ADPOR.
4. Child has an approved Shines placement in the ADO or PAD stage.

Once the case manager has finalized the Adoption in SHINES and the PAD stage is created, the system will automatically create the new Post-Adoptive Child's PID# which will roll over to SMILE via Incoming Clients. The case manager should continue to provide a signed Form 403, Adoption Assistance Memorandum, indicating Child's Legal Post Adoption Name, date of Adoption Finalization, new Medicaid Number and new Social Security number to Regional Accounting, Rev Max and SSAU.

Procedures for payment of Adoption Assistance After Age 18:

1. The Regional PAD Manager or County case manager will request SSAU to make an "over 18" eligibility determination for the child when they first appear on the Almost 18 Report (see below).
2. If deemed not eligible past 18 or if a potentially eligible child does not meet school verification requirements, the Regional PAD Manager or County case manager will send a signed Form 403 to Regional Accounting, Rev Max, and SSAU to terminate Adoption Assistance payments as of the end of the 18th birth month.
3. If deemed eligible past 18, SSAU will approve the Over 18 Application in SHINES. After the Regional PAD Manager or County case manager obtains and uploads valid school verification in SHINES, the Regional PAD Manager or County case manager will then create an Over 18 Agreement in SHINES. The Regional PAD Manager or County case manager will send a signed Form 403 to Regional Accounting, Rev Max, and SSAU to continue Adoption Assistance past the 18th birth month utilizing IV-B funds only. Form 403 is only required once in order for Adoption Assistance to continue past 18 – at the time the over age 18 Adoption Assistance is initiated.
4. The Regional PAD Manager or County case manager will generate a new Over 18 Agreement in SHINES approximately every 90 days, as long as the adoptive parents continue to provide valid verification of full-time school enrollment and attendance, and other requirements are met. This process will allow payments to continue through SHINES.
NOTE: The Regional PAD Manager or County case manager will not send a Form 403 each time a new 90-day Adoption Assistance Agreement is generated. The 18 and Over Report (below) and the active Adoption Assistance Over 18 Agreement in SHINES will indicate continuing eligibility.

UAS CODE – 508 (cont.)

5. When terminating Over 18 Adoption Assistance due to lack of school verification, etc., the Regional PAD Manager or County case manager will send a signed Form 403 to Regional Accounting, Rev Max and SSAU with reason and end date. The Regional PAD Manager or County case manager will also end date the Over 18 Agreement in SHINES and will delete the youth off of the per diem, and 18 and over reports.

For Processing Monthly Adoption Assistance Payments:

By the first business day after the 10th of the month the Regional Accounting office will email an Excel spreadsheet for each County with the following three SMILE reports to the Regional PAD Manager to validate the next month's payments. Within 7 business days the Regional PAD Manager will indicate their approval of the AA payments by initialing on the Excel reports beside each Child's name for the PAD child/ren they have been assigned as Primary in SHINES, then email the updated Excel reports to the assigned County case manager and approving authority. The County case manager will review and initial beside each Child's name on the EXCEL reports for their cases, indicating approval of the AA payments, and forward the updated EXCEL spreadsheet to the County approving authority who will indicate final approval of the AA payments by emailing the spreadsheet to Region Accounting by the last working day of the month. All additions, deletions, or changes must be noted in the EXCEL reports so that Region Accounting knows that a change was made. Only one set of monthly reports with the Regional PAD Manager and County case manager initials should be emailed to Region Accounting; the Regional PAD Manager should be copied when the approved monthly spreadsheet is emailed to Region Accounting. The originals are to be maintained at the DFCS county offices. If the report is received timely and the SHINES invoice is accurate, payment will be processed by the 10th of the month. All other invoices will be processed within 5 business days upon correction.

The Regional PAD Manager is also responsible for completing the 403 forms and repayment agreements for all of the children they have been assigned as primary in SHINES, when applicable; no additional approval signature is required on these documents. The Regional PAD Manager does not have the final approval authority for all of the monthly AA payment reports. The County case manager is responsible for verifying continued payment for children still in the ADO stage, adding newly approved children to the excel spreadsheet, and completing supporting documentation for those children (forms 402 & 403 and ADPOR). Final approval of the AA reports remains with the County approving authority.

1. SMILE Adoption Children Almost 18 Report -- This report includes all children receiving Adoption Assistance that will be 18 years of age within the next 60 days. The Regional PAD Manager or County case manager should review this report and begin determining if the child will remain eligible after the child's 18th birth month. The Regional PAD Manager, County Case Manager or Supervisor must send a signed form 403 to SSAU, Region Accounting and Rev Max indicating the child's continuing eligibility for AA benefits past age 18 or termination of the child's AA benefits at the end of the 18th birth month.

UAS CODE – 508 (cont.)

2. **SMILE Adoption Children 18 & Over Report** – this report includes all children receiving Adoption Assistance that continue to receive assistance after the age of 18. The Regional PAD Manager should review each child on the 18 & Over Report and place their initials beside each child's name on the EXCEL document indicating that the child **meets the “over 18” requirements which are listed above**. The report is then emailed to the **assigned County case manager and** approving authority (normally the County Director or Supervisor) who will indicate final approval of the reports by emailing them to Region Accounting.

- Accounting will not process monthly assistance checks for children over the age of 18 unless the 18 & Over Report indicates the **Regional PAD Manager and County approving authority have** certified the child as eligible.
- No children should be on the report listed as being paid from Program 509 (IVE).
- No children should be on the report past their 21st birth month.

3. **SMILE AA Next Service Month Per Diem Report** – This report includes all children that were paid adoption assistance for the current month with their payment rate for the next service month. The Regional PAD Manager and/or County case manager should review the children on the per diem report to determine if they remain eligible to receive ongoing monthly adoption assistance and indicate their approval for payment by initialing beside each child's name on the EXCEL document. The Regional PAD Manager and/or County case manager will also make any corrections, additions and deletions to the report (**noting them on the EXCEL document**). The report is then emailed to the County approving authority for final approval, and should be emailed to Accounting by the last business day of the month prior to month of the payments.

If some of the children on the Next Service Month Per Diem report have not been approved for payment, Accounting will process payments as scheduled for those children who have been approved and will not wait for approval of the remaining payments. If approval for payment is not indicated on the reports that are originally emailed to Accounting, an ADPOR must be submitted for payment to be processed. For PAD cases, the Regional PAD Manager's signature is the only one that is required on the ADPOR. For ADO cases, both the County case manager and County approving authority must sign the ADPOR.

NOTE: It is important to note that monthly adoption assistance is supported by a contract between DHS and the Adoptive Parent and therefore cannot be terminated except under very few circumstances. **The Regional PAD Manager, County Case Manager or Supervisor** should Contact the Social Services Administration Unit for assistance if the child is removed from the home of the adoptive parent. Accounting should not stop payment of Monthly Adoption Assistance without written notification from **the Regional PAD Manager, County Case Manager or Supervisor**. If accounting staff have questions once they receive a monthly report or notification to terminate payments they should contact **the Regional PAD Manager, County Case Manager or Supervisor**.

UAS CODE – 508 (cont.)

NOTE: Payment may be made for the entire month, even if the agreement is signed at a date other than the first of the month, unless the adoptive parents received a foster care per diem for the child that month; the first month's adoption assistance payment must be prorated in this situation. For example: an AA agreement is signed on March 10; the foster care per diem is paid for March 1 through 9; the approved monthly AA amount is \$463.85; multiply the monthly AA amount by 12 months and divide by 365 days to obtain a daily AA rate ($\$463.85 * 12 / 365 = \15.25); multiply the daily AA rate by the remaining number of days in the month to obtain the prorated AA payment for the first month ($\$15.25 * 22 = \335.50). In cases where a relative or individual is adopting a child for whom he/she is receiving payments through relative care or guardianship subsidy, adoption assistance payments may not begin during the same month as these subsidies; in this case, the start date for adoption assistance may not be sooner than the 1st day of the month following the last payment of relative care or guardianship subsidy.

ACCOUNTING NOTE: WHEN PAYING MONTHLY ADOPTION ASSISTANCE IN SMILE, insert the following statement on the 1st description line:

AA Supplement & the month being paid (for example: *AA Supplement July 2014*)

Do not leave as generic "Monthly Supplement" in the description.

UAS CODE – 508 (cont.)**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS												
07	Adoption Assistance Supplement	Effective January 1, 2007 Use for “Special Needs” Undocumented Immigrant Children. See rates below.												
13	Adoption Assistance Supplement	<p>All contracts signed July 1, 2009 or later, the basic monthly rates are:</p> <table><tr><td>Child age Birth through 5</td><td>\$441.04</td></tr><tr><td>Child age 6 through 12</td><td>\$463.85</td></tr><tr><td>Child age 13 and older</td><td>\$486.67</td></tr></table> <p>Counties will no longer need to add the additional \$1.75 a day add-on.</p> <p>An Adoption Assistance payment cannot be higher than the Foster Care per diem amount that was paid.</p> <p>Effective July 1, 2001 the basic monthly rates are:</p> <table><tr><td>Child age Birth through 5</td><td>\$387.81</td></tr><tr><td>Child age 6 through 12</td><td>\$410.63</td></tr><tr><td>Child age 13 and older</td><td>\$433.43</td></tr></table> <p>*Rates can include up to an additional \$ 1.75 a day with County Director Approval</p> <p>** Children with severe mental or physical challenges may receive Higher rates for “specialized needs.”</p>	Child age Birth through 5	\$441.04	Child age 6 through 12	\$463.85	Child age 13 and older	\$486.67	Child age Birth through 5	\$387.81	Child age 6 through 12	\$410.63	Child age 13 and older	\$433.43
Child age Birth through 5	\$441.04													
Child age 6 through 12	\$463.85													
Child age 13 and older	\$486.67													
Child age Birth through 5	\$387.81													
Child age 6 through 12	\$410.63													
Child age 13 and older	\$433.43													

UAS CODE – 509**PROGRAM NAME – Title IV-E Adoption Assistance (Federal Funds)****REFERENCES:** **Child Welfare Policy Manual**

PROGRAM PURPOSE – Provides financial assistance for a child at the point of placement in the adoptive home, and continues after the finalization of the adoption. A direct money payment is made to the adoptive family in the form of a monthly supplement. Federal (IV-E) funded adoption assistance is available for children who meet special needs and Title IV-E requirements. These children are not required to be in DFCS permanent custody at the time of adoptive placement.

COSTAR REPORTING – The reported client is the child.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Prior to the use of IV-E funds, the child must be deemed Title IV-E eligible by the REV MAX Unit, deemed a special needs child by SSAU and the AA Agreement must be signed. The child must be in the process of being adopted. Title IV-E Eligibility (UAS 509) is **only** to age 18. After age 18, the child must meet specific “over age 18” criteria in order to be approved for State Funded Adoption Assistance (UAS 508). See above IV-B criteria and the **Child Welfare Policy Manual**.

- **NOTE: For Children Placed by DFCS (from the custody of DFCS) - If AA Supplement payments continue for one year and the adoption is not finalized, then the case manager must staff the case with SSAU to determine if the case should be converted back to Foster Care. Adoptions must be finalized prior to the adoptive child’s 18th birthday.**
- **NOTE: For Private/Non-DFCS Adoptions – IV-E funds may not be paid until the month the adoption is finalized. These children were not in DFCS permanent custody or were not transferred from DFCS custody for the purpose of adoption.**
- **NOTE: For any payments made to the adoptive parent, accounting must have a completed IRS Form W-9 Request for Taxpayer Identification Number. IRS requires this form for all payments.**

PAYMENT REQUIREMENTS:**Effective August 1, 2014, for accounting to establish the Adoption Payment Process, the following items are required:**

1. Signed and Completed Form 402, Adoption Assistance Agreement which must be launched through SHINES.
2. Form 403, Adoption Assistance Memorandum indicating approval of benefits, benefit amount, approval dates and funding type.
3. Authorization for Disbursement/Purchase Order Request (ADPOR) Form indicating when the first month adoption assistance payment will be and how much. **For PAD cases, the Regional PAD Manager’s signature is the only one that is required on the ADPOR. For ADO cases, both the County case manager and County approving authority must sign the ADPOR.**
4. Child has an approved Shines placement in the ADO or PAD stage.

UAS CODE – 509 (cont.)

Once the county has finalized the Adoption in SHINES and the PAD stage is created, the system will automatically create the new Post-Adoptive Child's PID# which will roll over to SMILE via Incoming Clients. The counties should continue to provide a signed form 403 Adoption Assistance Memorandum indicating the Child's Legal Post Adoption Name, date of Adoption Finalization, new Medicaid Number and new Social Security number to Regional Accounting, Rev Max and SSAU.

For Processing Monthly Adoption Assistance Payments:

By the first business day after the 10th of the month the Regional Accounting office will email an Excel spreadsheet for each County with the following three SMILE reports to the Regional PAD Manager to validate the next month's payments. Within 7 business days the Regional PAD Manager will indicate their approval of the AA payments by initialing on the Excel reports beside each Child's name for the PAD child/ren they have been assigned as Primary in SHINES, then email the updated Excel reports to the assigned County case manager and approving authority. The County case manager will review and initial beside each Child's name on the EXCEL reports for their cases, indicating approval of the AA payments, and forward the updated EXCEL spreadsheet to the County approving authority who will indicate final approval of the AA payments by emailing the spreadsheet to Region Accounting by the last working day of the month. All additions, deletions, or changes must be noted in the EXCEL reports so that Region Accounting knows that a change was made. Only one set of monthly reports with the Regional PAD Manager and County case manager initials should be emailed to Region Accounting; the Regional PAD Manager should be copied when the approved monthly spreadsheet is emailed to Region Accounting. The originals are to be maintained at the DFCS county offices. If the report is received timely and the SHINES invoice is accurate, payment will be processed by the 10th of the month. All other invoices will be processed within 5 business days upon correction.

The Regional PAD Manager is also responsible for completing the 403 forms and repayment agreements for all of the children they have been assigned as primary in SHINES, when applicable; no additional approval signature is required on these documents. The Regional PAD Manager does not have the final approval authority for all of the monthly AA payment reports. The County case manager is responsible for verifying continued payment for children still in the ADO stage, adding newly approved children to the excel spreadsheet, and completing supporting documentation for those children (forms 402 & 403 and ADPOR). Final approval of the AA reports remains with the County approving authority.

1. SMILE Adoption Children Almost 18 Report -- This report includes all children receiving Adoption Assistance that will be 18 years of age within the next 60 days. The Regional PAD Manager and/or County case manager should review this report and begin determining if the child will remain eligible after the child's 18th birth month. The Regional PAD Manager and/or County Case Manager or Supervisor must send a signed form 403 to SSAU, Region Accounting and Rev Max indicating the child's continuing eligibility for AA benefits past age 18 and change from Title IV-E to IV-B funding, or terminating the child's AA benefits at the end of the 18th birth month.
2. SMILE Adoption Children 18 & Over Report – This report should not have any children on the report listed as being paid from Program 509 (IVE).

UAS CODE – 509 (cont.)

3 **SMILE AA Next Service Month Per Diem Report** – This report includes all children that were paid adoption assistance for the current month with their payment rate for the next service month. The Regional PAD Manager and/or County case manager should review the children on the per diem report to determine if they remain eligible to receive ongoing monthly adoption assistance and indicate their approval for payment by initialing beside each child's name on the EXCEL document. The Regional PAD Manager and/or County case manager will also make any corrections, additions and deletions to the report (**noting them on the EXCEL document**). The report is then emailed to the County Office Designee for final approval and should be emailed to Accounting by the last business day of the month prior to month of the payments.

If some of the children on the Next Service Month Per Diem report have not been approved for payment, Accounting will process payments as scheduled for those children who have been approved and will not wait for approval of the remaining payments. If approval for payment is not indicated on the reports that are originally emailed to Accounting, an ADPOR must be submitted for payment to be processed. For PAD cases, the Regional PAD Manager's signature is the only one that is required on the ADPOR. For ADO cases, both the County case manager and County approving authority must sign the ADPOR.

NOTE: It is important to note monthly adoption assistance is supported by a contract between DHS and the Adoptive Parent and therefore cannot be terminated except under very few circumstances. The Regional PAD Manager or County Case Manager or Supervisor should Contact the Social Services Administration Unit for assistance if the child is removed from the home of the adoptive parent. Accounting should not stop payment of Monthly Adoption Assistance without written notifications from the Regional PAD Manager or County Case Manager or Supervisor. If accounting staff have questions once they receive a monthly report or notification to terminate payments they should contact the Regional PAD Manager or County Case Manager or Supervisor.

NOTE: Payment may be made for the entire month, even if the agreement is signed at a date other than the first of the month, unless the adoptive parents received a foster care per diem for the child that month; the first month's adoption assistance payment must be prorated in this situation. For example: an AA agreement is signed on March 10; the foster care per diem is paid for March 1 through 9; the approved monthly AA amount is \$463.85; multiply the monthly AA amount by 12 months and divide by 365 days to obtain a daily AA rate ($\$463.85 * 12 / 365 = \15.25); multiply the daily AA rate by the remaining number of days in the month to obtain the prorated AA payment for the first month ($\$15.25 * 22 = \335.50). In cases where a relative or individual is adopting a child for whom he/she is receiving payments through relative care or guardianship subsidy, adoption assistance payments may not begin during the same month as these subsidies; in this case, the start date for adoption assistance may not be sooner than the 1st day of the month following the last payment of relative care or guardianship subsidy.

UAS CODE – 509 (cont.)

ACCOUNTING NOTE: WHEN PAYING MONTHLY ADOPTION ASSISTANCE IN SMILE, insert the following statement on the 1st description line:

AA Supplement & the month being paid (for example: AA Supplement July 2014)

Do not leave as generic “Monthly Supplement” in the description.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS												
13	Adoption Assistance Supplement	<p>All contracts signed July 1, 2009 or later, the basic monthly rates are:</p> <table><tr><td>Child age Birth through 5</td><td>\$441.04</td></tr><tr><td>Child age 6 through 12</td><td>\$463.85</td></tr><tr><td>Child age 13 and older</td><td>\$486.67</td></tr></table> <p>Counties will no longer need to add the additional \$1.75 a day add-on.</p> <p>An Adoption Assistance payment cannot be higher than the Foster Care per diem amount that was paid.</p> <p>Effective July 1, 2001 the basic monthly rates are:</p> <table><tr><td>Child age Birth through 5</td><td>\$387.81</td></tr><tr><td>Child age 6 through 12</td><td>\$410.63</td></tr><tr><td>Child age 13 and older</td><td>\$433.43</td></tr></table> <p>.</p> <p>*Rates can include up to an additional \$ 1.75 a day with County Director Approval</p> <p>** Children with severe mental or physical challenges may Receive Higher rates for “specialized needs.”</p>	Child age Birth through 5	\$441.04	Child age 6 through 12	\$463.85	Child age 13 and older	\$486.67	Child age Birth through 5	\$387.81	Child age 6 through 12	\$410.63	Child age 13 and older	\$433.43
Child age Birth through 5	\$441.04													
Child age 6 through 12	\$463.85													
Child age 13 and older	\$486.67													
Child age Birth through 5	\$387.81													
Child age 6 through 12	\$410.63													
Child age 13 and older	\$433.43													

UAS Code 510**PROGRAM NAME – Non-recurring Adoption Assistance (State and Federal Funds)****REFERENCES:** **Child Welfare Policy Manual**

PROGRAM PURPOSE – To provide reimbursement to the Adoptive Parent or Direct Payment to the Vendor Providing Service for one-time expenses related to the finalization of the adoption of a child with special needs. **Total reimbursements will not exceed \$1,500 per child effective July 1, 2009.**

NOTE: Request for payment of non-recurring AA expense by an Adoptive Parents or Direct Payment to the Vendor Providing Service must be submitted within two years of finalization or will not be reimbursed at all per federal policy.

COSTAR REPORTING – The reported client is the child.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – There must be a current adoption assistance application and signed agreement (402-A) in effect prior to the finalization of the adoption. This program applies only to children who have been deemed special needs by the Social Services Administration Unit and approved for non-recurring funds prior to the use of funds. Refer to the Child Welfare Policy Manual.

PAYMENT REQUIREMENTS- If the agency will pay the attorney directly and the Shines case has been stage progressed to PAD, a service authorization must be approved in Shines for attorney fees before the adoption is finalized. If the agency will pay the attorney directly and the Shines case has not been stage progressed to PAD, a Purchase Order for the attorney fees must be approved before the adoption is finalized. The service authorization or purchase order may not exceed \$1500.00. Attorney fees may be paid under either the child's pre or post adoptive name, as long as the adoption has been finalized. If the Shines case has not been stage progressed to PAD, the Attorney fees may be paid directly through the Smile system under the child's pre adoptive name.

NOTE: No payments can be made to the Adoptive Parents or Vendors prior to the Finalization of the Adoption. If payments are made to anyone other than the Adoptive Parents, a third party payment authorization form (can be found in DFCS Forms online) must be completed and submitted with the invoice.

To pay Attorney fees directly the Case Manager should provide an approved Authorization for Disbursement Form, and attach the approved Service Authorization or Purchase Order, original invoices/receipts and third party payment authorization form. If the invoice exceeds \$2,499.99, a notarized Contractor Affidavit or Claim of Exemption form is required for Security and Immigration compliance.

To reimburse the Adoptive Parents the Case Manager should complete an Authorization for Disbursement Form, attach original invoices/receipts and obtain approval for the payment of:

- Court costs and/or attorney fees
- Cost of physicals for Adoptive Parents

UAS CODE – 510 (cont.)

Adoptive Parents complete a Form 5357, attaching original receipts, and Case Manager obtains approval for the payment of:

- Pre-placement visits costs (travel, food and lodging) incurred during the pre-placement adoption period

NOTE: For any payments made to the adoptive parent or vendor, accounting must have a completed IRS Form W-9 Request for Taxpayer Identification Number and Certification on file. IRS requires this form for all payments.

ACCOUNTING NOTE: When making these payments in SMILE, put on the first description line the exact wording that is in BOLD below. (For example: *Legal/Court Costs*, or *Physicals for Adoptive Parents*) Other information needs to be written on the second through sixth description lines.

ALLOWABLE ENTITLEMENT CODES

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Non-Recurring Cost	33a	Legal/Court Cost (Birth Certificates cost must be included in the attorney invoice to be paid from this code.)
	33b	Physicals for Adoptive Parents
	33c	Pre-placement Visit Costs (Travel/Food/Lodging)

UAS Code - 512**PROGRAM NAME – Special Services Adoption Assistance****REFERENCES: Child Welfare Policy Manual****PROGRAM PURPOSE –**

Special Services Adoption Assistance (IV-B/State Funds) shall be used to provide time-limited or one-time-only funding for a needed service when no other family or community resource is available. Title IV-E funds may not be used to pay for Special Services Adoption Assistance.

Special services may include, but are not limited to the following:

1. Medical (Entitlement Code 58a)
2. Therapy/Counseling (Entitlement Code 58b)
3. Dental/Orthodontics (may not exceed \$3,000 per child) (Entitlement Code 58c)
4. Respite (Entitlement Code 60)
5. Other (Entitlement Code 58d)

A waiver for other services related to the child's special needs (e.g., wheelchairs and other special medical equipment) may be considered with appropriate documentation following consultation with the appropriate Adoption Assistance Consultant. All waivers will be reviewed and approved by the SSAU Director.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –

Special Services Adoption Assistance benefits shall only be available to children who:

1. Were in the permanent custody of the Georgia Division of Family and Children Services (DFCS) at the time of being placed on adoptive status or transferred from DFCS custody into the permanent custody of an individual for the purpose of adoption;
2. Are under 18 years of age; and
3. Are currently receiving monthly adoption assistance benefits

APPLICATION PROCESS –

All requests for Special Services Adoption Assistance must be submitted to the Social Services Administration Unit (SSAU) for approval. Requests for multiple special services may be submitted and will be considered on a case-by-case basis. For instance, a child may need both medical and orthodontic services. Application for Special Services may be made in the Adoption (ADO) or Post-Adoption (PAD) stage in Georgia SHINES. SSAU Consultants will monitor spending to ensure families do not exceed \$5,000 – unless DFCS Leadership requests SSAU approve a larger amount.

UAS Code – 512 (con't)**PAYMENT REQUIREMENTS –**

The PAD Manager or SSCM will:

1. Ensure there is a current approved Special Services Application in Georgia SHINES.
2. Submit all special services invoices to Regional Accounting **within 60 days of the approved service**; attach the approved Service Authorization and original invoices/receipts. If the invoice exceeds \$2,499.99 and the Provider does not have a contract with DHS, a notarized Contractor Affidavit or Claim of Exemption form is required for Security and Immigration compliance.
3. Ensure all providers are entered into Georgia SHINES in order for them to be paid. All payments, including respite, will be made directly to the vendor/service provider, not the adoptive parents.
4. Submit any subsequent requests for Special Services Adoption Assistance to the SSAU for review and approval **60 days** prior to the expiration of the previous approval period.

NOTE: The approval for special services applications is for a 12 month period.

Practice Guidance:

1. Respite shall be approved for a 12- month period, not to exceed the approval amount.
2. Respite is meant to provide a short-term reprieve for up to 20 hours per month.
3. Respite funds may not be carried over from a previous month or borrowed from a future month within the certification period unless it is an emergency situation approved by the SSAU. Documentation of approval by SSAU must be submitted to accounting staff when requesting payment for more than 20 hours a month.
4. The established rate for Respite is \$6.00 per hour for the oldest child. The rate for each additional adopted child is \$2.00 per hour per child.
5. Advance payments for Respite are not allowed.

UAS Code – 512 (con't)**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Special Services AA	58a	Medical
	58b	Therapy/Counseling (no contract required per SSAU)
	58c	Dental/Orthodontics
	58d	Other (waiver from SSAU Director required)
	60	Respite

UAS Code – 515 (Effective January 3, 2008)

PROGRAM NAME – ICPC Foster to Adopt/Adoption Home Evaluations/IMPACT Training & Purchases of Out-of-State Adoption Home Studies paid with Purchase of Service Agreement Form 405 (effective 7/1/2010)

REFERENCES: Child Welfare Policy Manual

PROGRAM PURPOSE – To charge **Foster to Adopt/Adoption home study requests** coming from the Interstate Compact for the Placement of Children (ICPC) office. ICPC Foster to Adopt/Adoptive home study funds is specifically for the development of a county contract with licensed/qualified contractors.

Reimbursement can be made for an Adoptive Home Placement and Finalization Cost for Out-of-State Homes to a licensed adoption child-placing agency. Must be approved by the County Director or designee prior to the use of funds on a **Form 405**.

COSTAR REPORTING – The reported client is the **child/family**.

Accounting Note: DO NOT use BULK entry.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –

57a & b - Related solely to out of state purchase of service provision. Funds are used per Child. **Must be approved by the County Director or designee on a Form 405 (POS Agreement).**

PAYMENT REQUIREMENTS:

For Adoption Placement and Finalization Cost (Entitlement Code 57), Form 405, Purchase of Service Agreement – Placement is required. If the invoice exceeds \$2,499.99 and the Provider does not have a contract with DHS, a notarized Contractor Affidavit or Claim of Exemption form is required for Security and Immigration compliance.

Accounting NOTE: Be sure when making these payments in SMILE to put on the first description line the exact wording that is in **BOLD** below (For example: ***Adoption Placement cost, or ICPC Adoption Home Study***) . Other information needs to be written on the second through sixth description lines.

Accounting Note: For Adoption Placement and Finalization Costs, please add the Family's Name on SMILE Description Line #2.

Note: Funds **cannot** be used to purchase recruitment materials or equipment or support recruitment activities.

NOTE: All payments are to be paid to licensed private child placing / adoption agencies only.

UAS Program 515 (cont.)**Partial Payment Fee Guidelines for ICPC Contracts/Purchase of Service Agreements**

1. \$150 - One Home visit & Write up—picking up case and returning to County DFCS Rep.
2. \$700 - Nearly Complete **ICPC Foster to Adopt /Adoptive Home Evaluation** Write up Missing Required Verification and or past agreed upon due date.
3. \$1400 - Complete Write Up with Approval Recommendation or Non Recommendation

ALLOWABLE ENTITLEMENT CODES

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<u>Adoption Placement Cost</u> (Out of State Purchase of Service) Not to exceed \$5000.00 <u>per child</u> between 57a & 57b	57a	An adoptive placement of a special needs child by an out of state licensed child placing /adoption agency. Payment of \$2500.00 at placement of the special needs child in the adoptive home. Approval by County Director or Designee prior to use of funds and Form 405 Purchase of Service Agreement-Placement is required.
<u>Adoption Finalization Cost</u> (Out of State Purchase of Service) Not to exceed \$5000.00 <u>per child</u> between 57a & 57b	57b	A finalized adoption of a special needs child by an out of state licensed child placing /adoption agency. Payment of \$2500.00 at finalization of the adoption. Approval by County Director or Designee prior to use of funds and Form 405 Purchase of Service Agreement-Placement is required.
<u>IMPACT Pre-Service Curriculum</u>	67	\$800 – Paid to Contracted/Licensed agencies for facilitating the 20-hour IMPACT Pre-Service Curriculum. (Must be broken out by child or individual attendees) Training is free when using one of the five licensed approved providers Lutheran, GA Mentor, Families First, Bethany. And All God's Children. If these providers are not available, please contact the Social Services Administration Unit for assistance.
<u>ICPC Adoption Home Study</u>	70a	\$1400 (effective 12/2009) – ICPC Completed Adoption Home Study (Paid to a licensed <u>Georgia</u> Child Placing /Adoption Agency Only) \$600 through 11/2009

UAS Program 515 (cont.)**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<u>ICPC Foster to Adopt Home Study</u> (Conversion)	70b	\$1400 (effective 12/2009) – ICPC Foster To Adopt Home Study (Paid to a licensed Georgia Child Placing /Adoption Agency Only) \$300 through 11/2009)

UAS Code 581 (DEACTIVATE This UAS CODE UNTIL FURTHER NOTICE)

PROGRAM NAME – Medically Fragile Respite Care - NEW TANF Funded (effective August 23, 2010)

REFERENCES: Adoption Services Manual, Section 109

PROGRAM PURPOSE – This program would serve children (up to age 18) deemed medically fragile by a licensed medical provider with the following criteria:

Program Criteria

- A condition that requires dependence upon durable medical equipment (to include, but not limited to, wheelchairs, walkers, etc...)
- A condition that requires dependence upon medical support equipment (to include, but not limited to, a respirator, feeding pump, suction machine, oxygen, etc...)
- A life-threatening, acute/chronic infectious disease, acute/chronic noninfectious disease requiring respiratory or other precautions (excluding normal childhood diseases)
- A terminal illness
- A condition that requires ongoing administration of intravenous medication or a feeding tube for nutritional support (G tube, etc.)
- A condition that requires intensive rehabilitation and/or developmental disability services.

Each Family if approved would receive up to 5 hours a month at the rate of \$6.00 per hour for the first child and \$2.00 an hour for each adopted sibling deemed special needs by SSAU.

The approval time frame would be for 1 year.

These funds are only available to children receiving ongoing Adoption Assistance in DHS-Involved Adoptions.

COSTAR REPORTING – Reported client is the child.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –

60 – Respite Care must be approved by the Social Services Administration Unit. The DFCS Case Manager will send a Request for Respite for Medically Fragile Adoptive Children by email (as an attached document), fax, or mail to the SSAU Adoption Assistance Program Consultant.

UAS CODE 581 (cont.) (DEACTIVATE This UAS CODE UNTIL FURTHER NOTICE)

PAYMENT REQUIREMENTS – Case Manager completes an Authorization for Disbursement/Purchase Order Request Form and attaches original invoices/receipts.

Respite costs (entitlement code 60), accounting must have on file

- A completed IRS form W9 on the vendor prior to payment.
- Form 24, Special Services Adoption Assistance Agreement completed by the Social Services Administration Unit that indicates approval for all expenditures during a certain time period and the maximum amount approved.

ACCOUNTING NOTE: When making these payments in SMILE, insert the following information on the 1st description line: **MFAR** & the date(s) of service (for example, **MFAR Aug 5-6, 2014**). Other information should be written on the second through sixth description lines.

ALLOWABLE ENTITLEMENT CODES

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<u>Medically Fragile Adoptive Respite Care Cost – abbreviate as follows: MFAR and put dates</u>	60	<p>Services for short-term care to provide respite for the adoptive parent of medically fragile children up to age 18.</p> <p>Rates for Respite Care are \$6 per hour for the first child in the family, and \$2 per hour for each additional child.</p> <p>Dates of service must be documented by Regional Accounting Staff. Limited up to 5 Hours per month per family. These hours cannot be rolled over to subsequent months unless for an approved emergency.</p> <p>Approval by Social Services Administration Unit prior to use of funds and Completed Form 24 required</p>